



ASC Utilization Report  
State Form 49933 (R3/6-05)  
Indiana State Department of Health  
Acute Care

Status: Finalized

I. Center Identification

Organization Name: SOUTH CENTRAL SURGERY CENTER, LLC

Street Address: 5002 East State Road 44

City: Franklin

County: Johnson

Administrator Name: H. Michael Mann, MD

Administrator Email: scsc7272@embarqmail.com

ASC Web Address:

Fiscal Year: 2015

Accredited:  Yes  No

Name of Accrediting Body:

Deemed Status:  Yes  No

Corporate Tax Status:  For Profit  Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	96	130
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
45378	31	
43235	26	
62311	12	
58120	1	

15822	2
15825	1
201881	6
58563	1
64721	3
26055	2

#### IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	0
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